

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly Hillor Inc. Town of Holly Hillor City of Holly Hill

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3609For State Registrar Only
19704Registered No. 87
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Francis Anna James

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

June 28 1970
(Month of Birth) (Day) (Year)

FATHER

(8) FULL NAME Joseph James(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer Land(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Anna Rush(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer Ranch(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive nt. 7 P M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Linnell S. Souders

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness Dr. Souders

(Signature of witness necessary only when question is signed by mark)

(27) Date July 3 1970

When there is a change of address, the local registrar should make the return if a change of address is desired or submitted.